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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Viet Nam

Proposed UNFPA assistance:	$27 million, $20 million from regular resources and $7 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2001-2005)
Cycle of assistance:	Sixth
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	14.5	5.0	19.5
Population and development strategies	5.0	2.0	7.0
Programme coordination and assistance	0.5	-	0.5
Total	20.0	7.0	27.0

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VIET NAM

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	90.0	≥60
Contraceptive prevalence rate (%)[2]	53.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	42	≤50
Maternal mortality ratio (/100,000)[5]	120	≤100
Gross female enrolment rate at primary level (%)[6]	91.4	≥75
Adult female literacy rate (%)[7]	87.0	≥50

***AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992. Government data indicate a ratio of 100 per 100,000 live births.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	79,832	Annual population growth rate (%)	1.32
Population in year 2015 (000)	96,610	Total fertility rate (/woman)	2.25
Sex ratio (/100 females)	97.6	Life expectancy at birth (years)	
Age distribution (%)		Males	66.9
Ages 0-14	33.2	Females	71.6
Youth (15-24)	20.5	Both sexes	69.4
Ages 60+	7.4	GNP per capita (US dollars, 1997)	310

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, World Population Prospects: the 1998 Revision; GNP per capita is from the World Bank.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2001 to assist the Government of Viet Nam in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $27 million, of which $20 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $7 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to the country. Viet Nam is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the national policies, priorities and strategies expressed in the Government's Five-Year Development Plan for the period 2001-2005. A national task force, consisting of government representatives, national consultants on reproductive health and population and development strategies and UNFPA country office staff, has contributed significantly to the programming process. The UNFPA Country Technical Services Team (CST) based in Bangkok, Thailand, provided technical guidance for the exercise.

3. The harmonization of the UNDP, UNICEF and UNFPA programme cycles has facilitated close collaboration among these agencies. The proposed sixth UNFPA country programme for Viet Nam is based on the United Nations Common Country Assessment (CCA) exercise in which national staff from various ministries and non-governmental organizations (NGOs) participated. The CCA, recently finalized by the United Nations country team, and the United Nations Development Assistance Framework (UNDAF) provided a sound analysis of achievements and needs, recommended strategic actions in the population and reproductive health sectors and constituted the framework for the proposed programme. In addition, in 1999 the newly formed Health Sector Donor Coordination Group, composed of bilateral and multilateral donors and international NGOs working in the health sector, conducted a Health Sector Review. As a member of the group, UNFPA played a major role in the completion of the review, which highlighted existing constraints in reproductive health service delivery and safe motherhood and identified specific areas of donor collaboration. The findings of the review are reflected in the proposed programme.

4. The proposed programme will assist the Government in its efforts to continue the adoption and implementation of national population and development policies and strategies, including reproductive health strategies, within the framework of the Programme of Action of the International Conference on Population and Development (ICPD). The goals of the proposed programme are to contribute to the attainment of a higher quality of life for the Vietnamese people through improved reproductive health and to contribute to a harmonious balance between

population dynamics and sustainable socio-economic development in Viet Nam. These goals will be pursued through two sets of interventions covering reproductive health and population and development strategies, respectively, each of which will include advocacy interventions. Gender concerns will be mainstreamed into both subprogrammes.

Background

5. The population and housing census of 1999 estimated the population of Viet Nam to be approximately 76 million.[1] Since the ICPD, the Government of Viet Nam has made efforts towards the implementation of key elements of the Programme of Action. A revised population policy and a new national reproductive health strategy, both incorporating many elements of the broader ICPD framework, are expected to be adopted by the Government by the end of 2000. National action plans have been prepared for the empowerment of women, protection of children from sexual abuse and labour exploitation, improvement of school enrolment for girls, and prevention of sexually transmitted diseases (STDs) and HIV/AIDS. Supporting programmes that target disadvantaged groups within the country have also been developed.

6. The total fertility rate in Viet Nam has declined significantly from 3.1 children per woman in 1994 to 2.5 in 1998. Significant efforts have been made to improve access to primary health care in recent years, increasing, for example, the number of communal health centres and medical practitioners. Standardized safe motherhood packages have been prepared, followed by the development and implementation of a national breast-feeding programme aimed at reducing morbidity, mortality and malnutrition among mothers and infants. Such public health interventions explain a significant part of the country's achievements in reducing infant and maternal mortality. Nevertheless, maternal mortality continues to be high, with rates much higher than national averages in the Central Highlands and the northern mountainous regions, where ethnic minority populations reside.

7. The contraceptive prevalence rate among married women was estimated at 75 per cent in 1997, compared to 58 per cent in 1988. A large proportion of contraceptive users rely on intra-uterine devices (IUDs) and natural methods. However, despite improved promotion and delivery of family planning methods, reproductive health information and services are not uniformly available to all the country's people. They are particularly limited in remote areas and among adolescents and young unmarried adults. The prevalence of induced abortion and menstrual regulation is very high, with over 50 per cent of women seeking such services to terminate unwanted pregnancies. The incidence of abortion is increasing among adolescent groups. Post-abortion counseling services are virtually non-existent.

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[1] *Unless otherwise indicated, the data in the text are from governmental sources and may vary from data in the fact sheet.*

8. Other reproductive health concerns include the high levels of reproductive tract infections (RTIs) and sexually transmitted infections (STIs), which have incidences of 20 per cent and 25 per cent, respectively, among women of reproductive age. HIV/AIDS is also emerging as a major public health problem. According to a report of the National AIDS Committee in September 1998, it is projected that by the year 2000 about 135,000–160,000 people will be infected with HIV in Viet Nam. The trend is for an ever-increasing number of infections in the coming years.

9. The overall objective of the draft national population policy is to achieve a small and healthy family for a happy and prosperous life. However, a national consensus on the priority elements for the promotion of reproductive health has yet to be reached. Fertility reduction remains the dominant goal of national population and reproductive health programmes. Major changes in the orientation, design and implementation of these programmes are needed in order to develop a more holistic and client-oriented approach that meets the needs of individuals and couples. The existing reproductive health programme appears to be fragmented and provider-biased. The reproductive health programme must address the need to promote and protect reproductive rights, including reconsideration of socially or administratively enforced targets on family size; to provide adequate counselling to enhance choice with regard to family planning methods; and to eliminate provider bias in family planning.

10. Among other major challenges facing Viet Nam's population and development programme is the need to strengthen the integration of population, reproductive health and gender concerns into socio-economic development policies and programmes. Integration of population data into development planning is at its infancy. In particular, there is a need to plan for the social and economic adjustments that must take place in response to present and future population change, including ageing. In addition, over the past several years, the Government has embarked on a policy of decentralization. In terms of health care, much remains to be done to clarify roles, functions and responsibilities at the different levels of government. Further efforts are required to build the capacity of the decentralized levels to carry out their functions successfully and to enable the central level to backstop and provide technical support and guidance. Also important is the need to strengthen programme coordination, both within the Government and among donors, and to build national capacity for programme management.

Previous UNFPA assistance

11. UNFPA first provided assistance to the Government of Viet Nam in the late 1970s. The fifth UNFPA-supported country programme, 1997-2000, was approved for a total amount of $24 million and was formulated in line with the objectives of the 1993 national population strategy up to the year 2000. As a result of this programme, the capacity of the Ministry of Health and

related agencies in managing the national reproductive health programme and developing the new reproductive health strategy has been gradually strengthened. The fifth country programme contributed to an increase in the country's contraceptive prevalence rate and a decrease in the total fertility rate. Measurable improvements in the delivery of reproductive health services have taken place in the eight provinces in which the UNFPA programme has been concentrated.

12. In the area of population and development strategies, UNFPA assisted the Government to successfully conduct a nation-wide population and housing census in 1999, thereby consolidating and further strengthening the technical capacity of the General Statistics Office (GSO). Assistance was also provided for activities relating to the revision of the national population policy in line with the ICPD Programme of Action, creating awareness on the importance of integrating population variables into development planning, and policy research aimed at strengthening the development planning process through identification of gaps and weaknesses in the utilization of population data. Limited support was also provided to selected universities for the development of training programmes in the area of population.

13. Advocacy efforts have been made through several institutions to enlist the support of parliamentarians, other decision makers and mass media networks for the implementation of a comprehensive reproductive health programme. The awareness of key officials on the linkages between population and development and the importance of integrating population variables into development planning has increased. As a result of advocacy on adolescent reproductive health and sexual health that was aimed at mass media networks, these issues are being increasingly addressed in the media. Thanks to such support and increased understanding, the revision of national population and reproductive health policies and strategies in line with the ICPD has been boosted. However, there is still a need to sharpen the strategic direction of advocacy activities and to develop fact-based and convincing advocacy messages and materials.

14. In line with the ICPD Programme of Action, the scope of IEC messages and campaigns has been broadened to address key reproductive health issues. IEC activities have been decentralized to the provincial level to facilitate their being "tailored" to local needs and cultural characteristics. The utilization of mass organizations and mass media networks for conducting IEC interventions on the benefits of family planning and contraceptive methods have contributed to the near universal knowledge of at least one contraceptive method. Recently, attempts have been made to address the issue of the increase in RTIs, STIs and HIV/AIDS through IEC activities and to initiate pilot activities targeting adolescents and youth. However, the IEC approach currently being used still relies on one-way communication and is rarely based on target audience research. In addition, IEC materials produced by the Government and the mass organizations are targeted to married couples, especially women of reproductive age, with little attention to adolescents and unmarried young adults – even though premarital sexual activity is

increasing in Viet Nam. Moreover, health personnel require greater training in inter-personal communication skills and in the effective use of IEC materials and methods.

15. One of the key lessons learned from the fifth country programme was the need for improved coordination between United Nations agencies and the international financial institutions to avoid duplication. Another important lesson learned is that UNFPA needs to tailor its interventions to the specific needs of the central and provincial levels in order to build capacity at both levels and to strengthen the technical and managerial support that can be provided from the centre to the provinces. Furthermore, it has been realized that IEC and advocacy are issues that cut across all programmes; they need to be designed to provide direct support for the achievement of the purposes of the subprogrammes.

Other external assistance

16. Since the late 1970s, UNFPA has been the main donor in Viet Nam in the area of population and reproductive health. In the last few years, other major donors – such as the World Bank and the Asian Development Bank – have substantially increased their support. In addition, a large number of other donors, including United Nations agencies, other multilateral and bilateral donors and international NGOs, are providing substantial financial and technical support in the area of population and reproductive health. The assistance is mostly geared towards strengthening provincial health-care systems.

17. Given these circumstances, UNFPA has strengthened coordination and collaboration activities with other donors and plans to do so throughout the proposed programme. The development of the UNDAF and the harmonization of UNDP, UNICEF and UNFPA programme cycles have facilitated close collaboration among these agencies. Several common activities with other United Nations agencies have been planned. These include working with WHO to strengthen the health management information system; with UNDP to strengthen the capacity of the Ministry of Planning and Investment to carry out strategic planning and coordination; and with UNICEF on IEC activities, training of health workers, and sexual education in and out of schools.

18. The World Bank and the Asian Development Bank have recently signed a collaborative agreement with UNFPA that identifies areas of collaboration in the reproductive health sector at both the national and provincial levels. Working with these two institutions, UNFPA will assist the Ministry of Health and the National Committee on Population and Family Planning in developing standards for service delivery, training curricula and materials, and a provincial-level IEC strategy. The aim will be to ensure that the quality and nature of reproductive health services do not differ among provinces. UNFPA will, together with other donors, play an active role in promoting the use of condoms and of reproductive health strategies to prevent HIV/AIDS.

19. Although its financial contribution to Viet Nam is relatively limited compared to some of the larger donors, UNFPA remains the leading agency in Viet Nam in terms of advocating for broader population and development and reproductive health issues. UNFPA is in a unique position to advocate for new or sensitive issues in population and reproductive health. UNFPA can therefore play a critical role in supporting the mobilization of financial resources for population and reproductive health policies; broadening the scope of services from a narrow family planning focus to a broader concern for reproductive health as a whole; improving the quality of reproductive health services; and integrating reproductive rights, gender, male involvement, adolescent reproductive health, and other essential aspects of reproductive health into the national programme. By providing assistance to a number of carefully selected key activities at both the central and local levels, the proposed programme aims to achieve maximum impact with the minimum of resources. In addition, UNFPA will contribute to improving coordination of the national population and reproductive health programme and to strengthening national execution by providing assistance to key government structures.

Proposed programme

20. The proposed programme builds on the experiences and lessons learned through previous programmes and is aligned with the policies promulgated by the Government of Viet Nam and responds to the country's population and reproductive health trends. The proposed programme would support activities in two subprogrammes: reproductive health and population and development strategies. Advocacy and gender would be cross-cutting issues and would be reflected in both subprogrammes. A set of provinces will be selected for intervention during the sixth country programme. UNFPA and the Government of Viet Nam are working to select the appropriate provinces using such criteria as indicators on fertility, abortion, usage of unreliable traditional methods of family planning, maternal and infant mortality, the availability of reproductive health services, and current and projected donor assistance.

21. Reproductive health subprogramme. The purposes of the reproductive health subprogramme would be to: (a) have contributed to strengthening the quality of reproductive health care through increased utilization, by women, men and adolescents, particularly among disadvantaged groups, of quality integrated reproductive health services, including information and counselling; and (b) to have supported the development and dissemination of gender-sensitive reproductive health IEC materials and information that promote behavioural changes towards healthy reproductive and sexual practices. The issue of contraceptive choice will be addressed and support will be provided to strengthen a client-oriented, target-free approach to reproductive health.

22. Efforts at the central level will concentrate on strengthening the capacity of relevant agencies to manage and provide technical support for reproductive health activities at provincial

levels, including the provision of training aimed at upgrading the skills of service providers. These will be complemented by capacity-building activities within national-level structures for the development and implementation of effective IEC interventions in support of reproductive health. Support will also be provided for designing and operationalizing a system of social marketing of contraceptives to help address the issue of sustainability of contraceptive provision.

23. At the provincial and local levels, UNFPA will assist in improving the quality of reproductive health services through training, IEC and advocacy interventions, and the provision of essential reproductive health drugs and equipment. All of these activities would aim to reduce the prevailing high levels of abortion and contribute to a reduction in the levels of maternal mortality. Indicators on these aspects of reproductive health would constitute important measures of the impact of the proposed programme in the targeted provinces. In addition, the programme would help develop a minimum package of quality, gender-sensitive reproductive health information, counseling and services, including family planning, for pre-natal, delivery and post-natal care; for the prevention of RTIs/STIs and HIV/AIDS; and to promote adolescent reproductive health. Emphasis would be placed on the quality of the services provided, which would be measured by the existence of finalized reproductive health standards and protocols and the increased provision of counselling services.

24. Special efforts will be made to move the reproductive health programme away from its strong focus on women as family planning targets to a more gender-sensitive programme. In order to provide timely, appropriate and quality reproductive health care at each service delivery level and to streamline the referral system, the proposed programme will assist the Government in reviewing current referral practice for emergencies, such as complications resulting from labour, menstrual regulations and abortion. Assistance will be provided for institutionalizing referral systems for the management of RTIs/STIs. To aid in this effort protocols would be developed and disseminated, and the expected results would include improved management of the referral system by the Ministry of Health.

25. The programme will have a strong focus on adolescents and young unmarried adults through the provision of reproductive health IEC specifically directed to their needs and the provision of reproductive health services, including counselling and contraceptives. Assistance provided to the Ministry of Education and Training during the fifth country programme resulted in a major reorientation of the population education programme to more life-skills-oriented adolescent reproductive health education. In the proposed programme, follow-up support will be provided for the development and revision of adolescent reproductive health education materials, the training of selected groups of teachers, development of other support materials and the adaptation of materials for in-school and out-of-school use. The expected results would include increased availability of information for adolescents and young unmarried adults. This would be measured through the adoption of gender-sensitive adolescent reproductive health curricula and

an increase in the availability of information materials on adolescent reproductive health and gender at the targeted service delivery points.

26. Contraceptive security. Viet Nam has two factories for the production of condoms, one of which was set up with UNFPA assistance. These factories have the combined capacity to meet the country's requirements for condoms in the short term. The German Government and the World Bank have been the main external donors for contraceptive procurement since 1996, and that support is planned to continue until 2007. UNFPA will work in close collaboration with the institutions involved to promote the provision of contraceptives and will also assist the Government of Viet Nam in developing a national condom strategy, including a programme for condom supply and distribution and a financing policy, to increase condom use. UNFPA will collaborate with other donors to support central government agencies in developing guidelines for contraceptive security. With WHO as an important partner, UNFPA will also provide support for reviewing logistics and management information systems, with a view to eliminate or minimize overstocking, under-supply and stock-outs of contraceptives at service delivery points.

27. The amount of $19.5 million would be allocated to the reproductive health subprogramme, of which $14.5 million would be from regular resources and $5 million would be sought through co-financing modalities and/or other resources. Resources would be used at the central level for, inter alia, capacity building and the refinement of reproductive health standards and protocols and at the provincial level for improving reproductive health service delivery and for training activities, including on counselling skills and on the revised reproductive health standards and protocols. Only necessary essential reproductive health supplies and equipment will be delivered to enhance reproductive health service delivery capacity.

28. Population and development strategies. The purpose of the population and development strategies would be to have contributed to improved integration of population and reproductive health and gender concerns into national development policies, programmes and strategies.

29. To that end, the proposed programme will support relevant ministries in implementing the new national population policy and reproductive health strategy. Assistance will be provided to revise guidelines and regulations relating to reproductive health, including family planning, to reflect the new population policy and the reproductive health strategy. In addition, assistance will be provided to develop an information system for monitoring progress towards the achievements of the goals set forth in the national population policy and the national programme of action on population and development. A database of indicators and a system of monitoring the implementation of policy at the local level will be developed under the subprogramme. An important focus of UNFPA support will be on building capacity for the analysis and utilization of population and related socio-economic data and research for planning and policy-making. With UNDP as an important partner, UNFPA will assist the central government agency

responsible for development planning to continue efforts begun in the past programme in the development of planning guidelines, training and the utilization of population data and research.

30. Efforts aimed at promoting the utilization of population data will include support to the central government agency responsible for statistics to help strengthen data systems, information management capabilities and data dissemination. In this regard, assistance will be provided for reviewing and upgrading policies and procedures relating to the dissemination of population-related data, as well as arrangements for making population data more readily accessible at central and provincial levels. The expected results would include increased availability of sex-disaggregated population data, with a plan to update the database regularly. At the same time, assistance will be provided to conduct policy-oriented studies using the rich body of data now available from the 1999 census. Topics covered will include employment, migration, urbanization and population distribution, with gender concerns included in all analyses.

31. UNFPA plans to further consolidate advocacy efforts undertaken in the fifth country programme through two strategies. First, the Fund will support relevant government agencies and mass organizations to advocate for key elements outlined in the new population policy and the new reproductive health strategy. Secondly, UNFPA will provide support to advocacy activities highlighting critical population and reproductive health issues that still require special attention in the country, including women's empowerment, reduction of abortions, promotion of male participation in reproductive health, provision of reproductive health services for adolescents, meeting the needs of minority populations, and the need for a comprehensive approach to reproductive health.

32. The amount of $7 million would be allocated to the population and development strategies subprogramme, of which $5 million would be from regular resources and $2 million would be sought through co-financing modalities and/or other resources. The bulk of the funds will be for training, research, advocacy and IEC activities, with limited provision of equipment.

33. The NGO sector in Vietnam is still very new, and there are very few NGOs working in the field of reproductive health. Thus far, UNFPA support has been channelled through the European Community/UNFPA reproductive health initiative, which focuses on adolescent reproductive health in Viet Nam. Assistance will be provided to other NGOs, as feasible, in order to support system development, planning, service delivery and strategic positioning.

Programme implementation, coordination, monitoring and evaluation

34. The proposed programme will be executed primarily by the Government, under the jurisdiction of the Ministry of Planning and Investment, which coordinates all external assistance to the country. Relevant government agencies, mass organizations, NGOs and other institutions

will be entrusted with programme implementation. UNFPA would limit its execution primarily to procurement of essential drugs and equipment and provision of international experts. The central executing and implementing agencies will be strengthened to provide technical support to provincial and local implementing agencies to enhance their capacity to manage and implement the provincial reproductive health programmes.

35. The programme will work to strengthen the results-based management capacity of the executing and implementing agencies in order to monitor and assess the progress and constraints of the programme. National Project Directors will be responsible for preparing monitoring reports, annual reports and reviews and for other related tasks with support from the UNFPA country office, government agencies and the CST located in Bangkok.

36. Overall monitoring and evaluation of the programme rests with the UNFPA country office and government agencies. The country office will utilize a results-based approach to management and monitoring of the programme. Annual project reports and subprogramme reviews will assess the extent to which subprogrammes and component projects are contributing to the realization of the country programme goals, as delineated in the logical framework matrices. A mid-term review will be conducted in 2003, and the end-of-programme evaluation will be carried out in 2005. The CST office in Bangkok would provide technical backstopping.

37. The UNFPA country office is composed of a Representative, three National Programme Officers and General Service staff. Attached to the office at present are a Junior Professional Officer and a United Nations Volunteer. National professional project personnel would be utilized to support the substantive management of the programme.

38. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Viet Nam, as presented above, in the amount of $27 million for the period of 2001-2005, $20 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $7 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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